

**CROSS-SYSTEM YOUTH TASK FORCE**  
**September 1, 2015**

**I. Introduction**

- A. Members in attendance: Jeff Bercovitz, Rebecca Buhner, Mary DePrez, Suzanne Draper, Hon. Steve Galvin, James (Mike) Goodwin, Cathleen Graham, JauNae Hanger, Hon. Charles Pratt, Don Travis.  
Members not present: Chris Blessinger, Bruce Carter, Nichole Hall, Hon. Heather Mollo, Kathleen Rusher, Daniel Schroeder, CMDR Randal Taylor, Michelle Woodward.  
Guests: Hon. Gael Deppert, Marion Superior Court, Juvenile Division.  
Staff in attendance: Mike Commons, Matt Hagenbush, Angela Reid-Brown.
- B. The minutes were approved from the meeting on February 10, 2015, with edits as follows: *page 3, typo "ad" should read "to"*.

**II. Subcommittee reports.**

**A. Middle Tier.**

This Committee has been reviewing substance abuse related to youth aged 9-15, both child use/abuse as well as care-provider use/abuse. They looked at reducing alcohol use in ages 12-17, prescription drug non-medical use 12 and older, suicide mortality reduction for all people – this was set aside due to duplication of other groups' work, discussed how info is coordinated, state epidemiological surveys targeted toward prevention, early intervention, and treatment. JauNae Hanger provided info re: Juvenile Detention Mental Health Treatment. Diane Mains discussed Problem Solving Courts two types: CHINS court working with parents; Juvenile Court working with youth and treatment programs. Discussed how well they work. Youth treatment programs tend to get the children after everything else has failed, and therefore outcomes are not very successful. Also, children suffering these problems often find themselves living in homes where substance abuse occurs otherwise. Discussed going to schools to try to address it there. Considering bringing in info from FL?. DCS to discuss START program. No conclusions or recommendations yet. Looking forward to DCS Strategic Council plan because the gap in services for child substance abuse is not a new issue. JauNae: Agreement that there aren't enough programs. Reach out to other Task Forces to bring this problem to the full Commission.  
Cathy: Subcommittee having another meeting on October 14.

**B. Transition Age Youth.**

Met in June. Focused on lack of providers/availability for services. Transition age youth losing the ability to rely on a parent is a substantial burden to participate in or gain access to the service(s). Most of DOC substance abuse is related to education rather than treatment. Treatment providers require different training/certification. Likely to recommend additional treatment providers and services; make it easier for service providers to gain certification training in perhaps more limited areas of focus in order for those folks to provide treatment rather than simply provide education. Also community service providers do not provide enough treatment to youth. Specifically mentioned Fairbanks.  
Don: Seeking additional information regarding the licensure/credentialing issue.  
Rebecca: will gather additional info from other folks more specifically knowledgeable of the details.

Don: Are services in the rural area more problematic?

Rebecca: having access to community-based care as well as IOP or Residential In-Patient, is critical. But having only one location, whether urban or rural, would still not sufficiently address the issue. Columbus Behavioral? may be able to treat but not without referrals.

Cathy: There are some residential treatment programs. *See IARCA book.*

Rebecca: There are different levels of need: some require detox, some simply need treatment as a part of a larger behavioral treatment plan.

Rebecca: Are the co-chairs seeking specific recs from the subcommittees?

Don: Yes. To pass those along to the full Commission. Just like the recs made from this subcommittee regarding homeless youth, it is very helpful to get these to the full Commission.

### **III. Review of Symposium Community Plans**

#### **42 Counties Participated and Submitted Action Plans**

Attendees were very engaged and widened scope for how to work with multi-system youth, not simply implementation of HEA 1196. Most people, once they figured out what the task was, were focused. Tippecanoe Co. was able to identify over 40 service providers that are for kids NOT system-involved. The Symposium MADE the parties get together and brainstorm to come up with solutions. Very impressed.

Trying to perfect that learning tool (the symposium/County Team Action Planning Form approach). Good to know this is a replicable model for these kind of meetings. The idea why this was presented is so the Task Force can seek trends in resources needed, to go back and assist in implementation of their plans. The data from the Forms can be reviewed in order to provide a better presentation to the full Commission. Would like to get this info out to the local counties for them to use them. Has there been any follow-up? Not yet. Trying to give them 6 months.

Many of these counties have functioning Systems of Care (SOCs). Department of Mental Health and Addiction (DMHA) has a Technical Assistance coordinator that is in regular communication with those SOC. Each SOC could be a way to implement these plans, rather than requiring another group to have another meeting. DMHA could follow-up with the plans' implementation through the SOC update process. DMHA could assist with this.

Would like to do this and have the SOC paradigm brought to these plans.

The Task Force shouldn't come back to the full Commission with a report saying there has been little-to-no progress since the Symposium. Having SOC coordinators following up on this would be VERY useful. DMHA would like a list of the attendees from the Symposium.

What about non-participating counties?

Some counties didn't turn their plans in. Not sure why non-participating counties weren't there. If there were non-participating counties that do have SOC, getting a letter from J. Pratt could possibly lead to getting those SOC to come and learn and participate. Some of the problems are that local SOC aren't sure what to do. Having a task or something like this might help the SOC to develop more cohesion.

Identifying target population is critical. Identifying target populations might be some of the info that can come out of a DCS survey sent out recently. Getting the County Teams some directions/TA is necessary. What about using Marion County's pilot? Marion County is focused on Dual Status Youth; we are seeking to work on multi-system youth. Getting folks around the table can lead to discovery of duplication of services. Also, there is Information Sharing at the local level, but there also needs to be Information Sharing on a higher-level. Identifying the population is done at the local level. Local level should be trying to set up the infrastructure to accommodate these multi-system youth issues. Much TA can be provided with how these teams can simply learn how to function as a team and make it possible for the team to succeed. General team-functioning TA. This could be sent out soon in a communication asking if any progress has been made since the Symposium.

- 1) How to implement the team (who's missing?)
- 2) How to develop outcomes
- 3) How to get and pay for services
- 4) How to share info at system and individual level
- 5) Identify shared objectives/criteria for youth to be served.

Does SOC provide any of this? SAMHSA has a plethora of TA on system development. DMHA has some staff that works on this. Rebecca will take this back to her SOC team to see what they can do.

Why not set up a listserv? Or something similar that is web-based. Web-based "forums" exist that can contain this type of information/communication. Mag. Deppert will ask RFK if they can provide documentary resources for helping some of this. Perhaps an info-sharing website? Need a mission statement. It would be helpful to provide some basic info on what SOC is and what's happening around the state with currently active SOC's. And to know what SOC's exist as well as who is on these various SOC's. This information can be sent by email that way the Task Force can get it sooner than the next meeting.

Suggest holding another Summit that has education on how these groups can grow and gain better skills to function better. Allow those that attended before, and new groups, and try to have material that appeals to both types of groups. The Task Force should decide when will it occur? 6-months, 9-months...? Should try to give current and new groups a reasonable chance to schedule their attendance at the next Symposium/Summit. Consider having a pre-meeting (day before the SOC conference?) for groups to come and bring their own thoughts/ideas. Perhaps all SOC's have one outcome for this Task Force's purposes. There are always lots of various conferences that could cause scheduling conflicts.

Send out info and meeting dates as well as ask SOC's/collaboratives to identify which county team member will be given access to the forum. Who can help us do this? INcite app can be created to hold resources.

Perhaps an evaluation form could be sent to the Symposium attendees to keep momentum going. JDAI should also be part of this. DMHA is funding a position to coordinate the community: to develop an operational plan, assessment center, clinical needs assessment,

and sustainability plan, for a one-stop shop for kids needing access to services (in coordination with JDAI).

Is any of this getting to the Governor's office? Since he is pursuing Roundtables as well as a Task Force, it could be important to mention SOC. Having Judges involved is critical...to set the direction for where to go when uncertainty is (inevitably) reached. It's what communities look to. They look to the Judges (juvenile or otherwise). They're not surprised when Judges take on atypical roles (i.e. not normally judicial roles). It'll take Judges to tell Judges to do that. It's not going to just happen. Judicial leadership needs to be developed. This should also be focused on – to reinforce the message that even though some of these are not judicial issues now, they will turn into those if Judges don't get involved before the fact. Perhaps having a "go-to" Judge to help other counties' Judges. JJIC has never had a "mentor-Juvenile Judge."

SOC could assist with some resources by focusing a majority of their time on building infrastructure...which could be just what these judicially-lead teams need.

Mentor Juvenile Judge, presentation by SOC, get grant app written, do research to find toolkits. Also try to work together with Local Coordinating Councils. Need to look hard at existing county teams to identify missing partners. To be given the info to put the infrastructure together would be overwhelmingly useful. Law enforcement and School Resource Officers MUST be involved.

#### **IV. COMMITTEE CHARGES:**

Rebecca: Provide SOC info (email and documents); get the County Team Action Planning Forms (CTAPF) typed into legible forms.

Don and J. Pratt: Distill the CTAPF from Symposium

Mag. Deppert: ask Asst. Prof. Jagers from IUPUI if there's any help for analyzing the data from the CTAPF. Get info from John Tuell re: tools/TA.

Angela: Follow up on creating a web-based Forum for the County Teams.

Jeff: Get this topic onto JJIC agenda. Follow up on establishing a juvenile judge mentor program. Talk to JJIC chair about connecting DMHA SOC staff with JJIC.

#### **V. Dates for the next two meetings:**

Tuesday, October 27, 1:00 – 3:00 p.m.

Tuesday, December 8, 1:00 – 3:00 p.m.